

## **COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

### **F A C T   S H E E T**

#### **APPROVAL TO AMEND 6 EXISTING DEPARTMENT OF MENTAL HEALTH LEGAL ENTITY AGREEMENTS AND TO ENTER INTO 1 NEW LEGAL ENTITY AGREEMENT TO IMPLEMENT THE MENTAL HEALTH SERVICES ACT – COMMUNITY SERVICES AND SUPPORTS PLAN FOR FIELD CAPABLE CLINICAL SERVICES AND SERVICE EXTENDERS IN DMH CONTRACTED PROGRAMS FOR FISCAL YEARS 2006-07 AND 2007-08 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

#### **REQUEST**

Approve and instruct the Director of Mental Health or his designee to prepare, sign and execute 1) a Department of Mental Health (DMH), Legal Entity Agreement (Agreement) with one (1) new provider and 2) contract amendments with six (6) existing DMH Contract Providers for the implementation Field Capable Clinical Services (FCCS) and Service Extenders for older adults, in keeping with DMH's Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan. The Fiscal Year (FY) 2006-07 two (2) month pro-rated cost for FCCS Contract Programs and cost of the Service Extenders Program is \$732,579 funded with \$593,954 in MHSA funding and \$138,626 in Federal Financial Participation (FFP) Medi-Cal revenue; the FY 2007-08 annual FCCS Contracted Program and Service Extender cost is \$4,977,513 funded with \$3,189,930 MHSA funding and \$1,787,583 FFP. The Amendments and new Agreement will become effective upon Board approval or May 1, 2007, whichever is later, through FY 2007-08.

#### **PURPOSE/JUSTIFICATION**

Board approval is being requested to enter into an Agreement with one (1) new agency (Jewish Family Services of Los Angeles) and amend the Agreements of six (6) existing DMH Contracted Providers (Heritage Clinic and the Community Assistance Program, Hillview Mental Health Center, Pacific Clinics, San Fernando Valley Community Mental Health Center, Inc., Special Services for Groups, and St. Joseph Center) to implement DMH FCCS Contract Programs serving individuals age 60 and above in each Service Area as part of the Department's overall transformation to a Recovery Model of community-based, client and family driven, recovery-oriented services and supports.

Each agency will receive funding to employ a multi-disciplinary core team to provide an array of field based services offered to FCCS clients in the location of their choice. FCCS is the first DMH system-wide, locally based, clinical program to focus exclusively on this underserved population. Field based services are critical for older adults since

many are affected by the stigma of mental illness and will not seek services from a mental health agency while others are homebound and frail. For that reason, over 60 percent of the services will be field based and delivered in community location(s) that are frequented by older adults such as primary care settings, senior/public housing complexes, senior centers, and homeless shelters or in their places of residence if they are frail or homebound. Agencies will also receive funding to train and hire Service Extenders who are volunteer peer counselors trained to work with older adults and who will receive a stipend for the volunteer services they provide.

The goal of FCCS is to provide clinical services that are culturally competent in collaboration with senior community networks and to sustain wellness by assisting older adults with mental illness in achieving their desired outcomes including a safe living arrangement, access to needed services, meaningful activities and relationships, and help when in crisis. The goal of the Service Extender Program is to minimize social isolation and improve community functioning of older adults through a network of peer counselors, reflective of the community to be served.

In addition to furthering the goals of the MHSA, the recommended action is intended to fill a longstanding gap in the service delivery system by identifying older adults with serious mental illness who are not currently being served, as well as those who are significantly underserved, and have reduced personal or community functioning, are homeless or at risk of becoming homeless, institutionalized, hospitalized, or requiring nursing home care or emergency room services. By providing specialized mental health services in locations preferred by and/or sensitive to the unique needs and limitations of older adults, FCCS will enhance access to mental health services for those who historically have encountered obstacles to receiving care. There is no net County cost associated with implementing FCCS.

## **BACKGROUND**

FCCS is the first system-wide, locally based, clinical program focused on Older Adults, age 60 years and older. DMH contracted FCCS services will allow the mental health system in Los Angeles County to build its capacity to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary clinical treatment team. Over 60 percent of the services will be field based and delivered in community location(s) that are frequented by older adults such as primary care settings, senior/public housing complexes, senior centers, and homeless shelters. Frail or homebound elderly individuals with serious mental illness will receive services in their place of residence.



Many older adults are affected by the stigma of mental illness and will not seek services from a mental health agency. Collaborations with non-mental health agencies increase the scope of locations where care can be most effectively delivered and will enhance the identification and appropriate treatment of older adults with mental illness. Over 64 percent of Los Angeles County's CSS Plan funding for older adults is devoted to the provision of FCCS.

DMH plans to implement both directly operated and contracted FCCS programs, strategically located throughout the County. Your Board provided authorization for the implementation of directly operated FCCS programs on March 6, 2007. Board approval is now being requested to award funding to implement DMH FCCS and Service Extenders contract programs to agencies successful in the Department's Request for Services (RFS) No. 8 competitive bid process initiated in October 2006.

### **CONTRACTING PROCESS**

On October 31, 2006, DMH issued RFS No. 8 to 75 qualified bidders on the Master Agreement list indicating an interest in providing Older Adult FCCS on their Statement of Qualifications (SOQ). Agencies that expressed an interest were invited to attend a mandatory Proposers' Conference on November 14, 2006. Representatives from 25 contract agencies attended the Proposers' Conference for RFS No. 8. By the deadline of January 4, 2007, DMH received ten (10) proposals in response to RFS No. 8. Two (2) review panels composed of five (5) individuals each representing consumers, community members, other County departments, and DMH staff were convened to assess and score the proposal while other DMH staff evaluated the budgets and validated the reference contacts.

DMH's Executive Management Team reviewed the total scores and then finalized its recommendations. DMH plans to award funds to seven (7) bidders.

Of the three (3) providers who were not awarded RFS No. 8 funding only one (1) has requested a Debriefing and therefore, still has the right to request a Contractor Selection Review. However, contract awards should not be delayed pending any such review because DMH will identify sufficient unspent MHSA dollars and will return to your Board in the next FY if the Contractor is successful in appeal.

Fact Sheet for RFS No. 8 Awards  
Field Capable Clinical Services and Service Extenders  
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